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WITNESS REGISTRATION

Please register if you	wish to testify on the abo	ve-named measure	/issue. <u>Pleas</u>	e print legibly.
Public Hearing on:	HB	2691 A	Date:_	4-15-2019
Committee Name:	SENATE	HEACTH	CARE	

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
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